



Memorial

University of Newfoundland

Department of Computing and Communications

McAfee EndPoint Encryption Account Access

Submitted By: _____ Employee #: _____

Campus Address: _____ Telephone: _____

Department: _____ CPC Requisition #: _____

Laptop Serial #: _____ Laptop Hostname: _____
(if known) (if known)

Primary User information:

| Name | Employee # | MUN Email Address | Department | User Name on laptop | Does user access Memorial Domain? |
|------|------------|-------------------|------------|---------------------|-----------------------------------|
| | | | | | |

If other people use this laptop please provide the following information:

| Name | Employee # or Student # | MUN Email Address | Department | User Name on laptop | Does user access Memorial Domain? | Add or Remove this account? |
|------|-------------------------|-------------------|------------|---------------------|-----------------------------------|-----------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature of Primary User: _____

Date: ____/____/____

| | |
|--------------------------------|----------------------------|
| For Admin Purposes Only | C & C ticket number: _____ |
|--------------------------------|----------------------------|